



RECEIVED
CENTRAL FAX CENTER

OCT 31 2006

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/611,380
		Filing Date	June 30, 2003
		First Named Inventor	Roni Rosner
		Art Unit	2183
		Examiner Name	Brian P. Johnson
Total Number of Pages in This Submission	22	Attorney Docket Number	42P17037

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; margin-top: 5px;">References</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jonathan S. Miller, Reg. No. 48,534 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 31, 2006

CERTIFICATE OF MAILING/TRANSMISSION	
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.	
Typed or printed name	Annie McNally
Signature	
Date	10/31/2006

Based on PTO/SB/21 (00-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ndc) 10/27/2005.
SEND TO: Commissioner for Patents, P.O. Box 14594, Alexandria, VA 22314-1450

BEST AVAILABLE COPY

OCT 31 2006

<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2005</h2> <p style="text-align: center;"><i>Patent fees are subject to annual revision.</i></p>			<p style="text-align: right;"><i>Complete if Known</i></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			Application Number	10/611,380
			Filing Date	June 30, 2003
<div style="display: flex; justify-content: space-between;"> <div>TOTAL AMOUNT OF PAYMENT</div> <div>(\$)</div> <div>250.00</div> </div>			First Named Inventor	Roni Rosner
			Examiner Name	Brian P. Johnson
			Art Unit	2183
			Attorney Docket No.	42P17037

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.116, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

1. EXTRA CLAIM FEES					
Total Claims		Extra Claims	Fees from below	Fee Paid	
Independent Claims	28	2*	5	50.00	\$250.00
Multiple Dependent Claims	5	5*	0	200.00	\$0.00

Large Entry		Small Entry		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	(Independent claims in excess of 3)
1203	380	2203	150	Multiple Dependent claims if not paid
1204	790	2204	305	*Release independent claims over original patent
1205	300	2205	150	*Release claims in excess of 20 and over original patent
SUBTOTAL (1)				(6) 250.00

*or number previously paid, if greater. For Reissues, see below.

2. ADDITIONAL FEES				
Large Entry		Small Entry		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	85	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	3053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	600	2401	250	Notice of Appeal
1402	500	2402	250	Filing a trial in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1452	130	2452	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(g)
1806	180	1806	180	Submission of Information Disclosure Statement
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(d))
1810	700	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))
SUBTOTAL (2)				(5)

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Jonathan S. Miller	Registration No. (Attorney/Agent)	48,534	Telephone	(310) 207-3800
Signature				Date	10/31/06

Based on PTO/BB17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zisman (w/12/15/2004).
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

BEST AVAILABLE COPY